

Commonwealth of Virginia
CERTIFICATE OF CANDIDATE QUALIFICATION
LOCAL OFFICES

Pursuant to § 24.2-501 of the *Code of Virginia*,
I hereby certify that:

NOTICE: YOU MUST FILE THIS FORM WITH THE GENERAL REGISTRAR
BY THE FILING DEADLINE. FAILURE TO DO SO MAY RESULT
IN YOUR DISQUALIFICATION. SEE REVERSE SIDE FOR
DETAILS.

1. I am a citizen of the United States. [] YES [] NO
2. I am at least eighteen years of age or will be on or before the date of the election
for the office I am seeking. [] YES [] NO
3. I have been a resident of the Commonwealth of Virginia for the year immediately
preceding the election for the office I am seeking. [] YES [] NO
4. I now reside at the address shown below in the *county or city in which I seek office
[residence address must be given; post office box or general delivery **is not** acceptable]:
- _____
STREET AND NUMBER, RURAL ROUTE AND BOX NUMBER, OR HIGHWAY ROUTE NUMBER
- City/Town _____ ZIP _____
5. I am registered to vote at the above address in the precinct in which I reside. [] YES [] NO
[or if not and registration books are closed, my application for registration, transfer, or change
of address is on file in the general registrar's office for processing when books re-open]
6. Have you ever been convicted of a felony? [] YES [] NO
7. Have you ever been adjudicated mentally incompetent **and** lost your right to vote? [] YES [] NO
8. If you answered **YES** to 6, give date of certificate restoring voting rights. _____
If **YES** to 7, give date of court order restoring competency. DATE OF RESTORATION
9. I am an attorney admitted to the bar of the Commonwealth. [] YES [] NO
[answer only if seeking office of Commonwealth's Attorney]

PLEASE TYPE OR PRINT LEGIBLY ALL THE FOLLOWING INFORMATION:

YOUR NAME AS IT IS TO APPEAR ON BALLOT [SEE REVERSE SIDE FOR REQUIREMENTS]

OFFICE SOUGHT DISTRICT, IF APPLICABLE

YOUR SOCIAL SECURITY NUMBER [SEE STATEMENT ON REVERSE SIDE]

CITY OR COUNTY OR TOWN

MAILING ADDRESS

DATE OF ELECTION ☐ Primary ☐ General ☐ Special
[CHECK ONE SQUARE]

CITY/TOWN

ZIP

(AREA CODE) HOME TELEPHONE

(AREA CODE) OFFICE TELEPHONE

E-MAIL ADDRESS:

WEB ADDRESS:

I do solemnly swear [or affirm] subject to penalty provisions for making false statements that the information given
above is true and correct and that I am qualified to vote for and hold the office for which I am a candidate.

Signature of Candidate _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

DATE NOTARY COMMISSION EXPIRES

SIGNATURE OF NOTARY OR CLERK OF CIRCUIT COURT

KNOWINGLY MAKING ANY UNTRUE STATEMENT OR ENTRY IN THIS DOCUMENT IS A FELONY UNDER VIRGINIA LAW.
THE PUNISHMENT IS A MAXIMUM FINE OF \$2,500 AND/OR CONFINEMENT FOR UP TO TEN YEARS. ALSO, YOU LOSE YOUR RIGHT TO VOTE.

*See §15.2-1525 of the Code of Virginia for certain exceptions to residence requirements for Commonwealth's Attorneys.

HOW NAME MAY APPEAR ON BALLOT

Length: The entire name to appear on the ballot **must not exceed** 25 spaces, including any punctuation and spaces between names.

Titles: **NO** titles [Rev., Dr., Mr., Mrs., etc.] are to be used, either before or following the candidate's name.

A woman **must use** her given name, not her husband's, and without a "Mrs." in front of a name.

EXAMPLE: Mary L. Jones **not** Mrs. John W. Jones.

Criteria: First name or initial or familiar form of first name (see example below)
Middle name or initial or familiar form of middle name
Nickname should be other than form of first or middle name and must appear within quotation marks
Last name
Suffix, if one: Sr. is optional. All other suffixes must be used since they appear on a person's birth certificate and are part of the person's legal name.

Examples:

The candidate's full legal name is **Thomas Wendell Smyth III**. The following options are available:

- ➔ Tom W. Smyth III (Tom is a familiar, commonly used, form of Thomas)
- ➔ T. Wendell Smyth III
- ➔ Thomas W. Smyth III
- ➔ Thomas Wendell Smyth III
- ➔ Thomas W. "Tom" Smyth III
- ➔ T. W. "Tom" Smyth III
- ➔ T. W. "Spanky" Smyth III
- ➔ T. W. Smyth III

Initials for **BOTH** the first and middle names may be used **ONLY** when the initials **ARE ALSO** the nickname.

SOCIAL SECURITY NUMBER:

Your social security number is part of your official voter record. It is required on this form only to make it possible to identify your registration record in order to qualify you as a candidate. The General Registrar, when copying this document for public inspection, must cover your social security number.

RETURN TO:

The office of the *General Registrar* of the county or city in which you, the candidate, live. Postmarks are acceptable only if the form is mailed by registered or certified mail. If so mailed, a receipt indicating date of mailing must be produced if demanded by the General Registrar or the State Board of Elections.

This form may be filed as soon as you decide to seek a party's nomination or to circulate petitions. Failure to file this form with the *General Registrar* **by the filing deadline established for the election** may mean your name will not appear on ballots for the local office you are seeking.

DEADLINE FOR RECEIPT OF FORM BY GENERAL REGISTRAR: Refer to appropriate Candidate Bulletin for details.

FURTHER INFORMATION:

The Candidate Information Bulletin and forms required to be filed can be downloaded from our website:

<http://www.virginia.gov>

Should you have questions relating to your candidacy, please do not hesitate to call the State Board of Elections.

(804) 864-8901 **OR** Toll-free: (800) 552-9745